

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

FORM C/OH

Cover Sheet pg 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total Pages Filed: 17
3. CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR NICKNAME	FIRST Addie LAST Wiseman	MI SUFFIX
4 CANDIDATE/ OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS /PO BOX; PO Box 6667 CITY; Kingwood		APT/ SUITE # STATE; TX ZIP CODE 77325-6667
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE 281	PHONE NUMBER 358-8495	EXTENSION
6 CAMPAIGN TREASURER NAME	TITLE NICKNAME	FIRST Ray LAST Garcia	MI SUFFIX
7 CAMPAIGN TREASURER'S ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); 2 Riverdway Ste. 400 CITY; Houston		APT/SUITE #; STATE; TX ZIP CODE 77056
8 CAMPAIGN TREASURER PHONE	AREA CODE 713	PHONE NUMBER 703-3605	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> Runoff <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 01/01/2006 THROUGH 06/30/2006		
11 ELECTION	ELECTION DATE Month Day Year 11/01/2005	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HOLDER (if any) Houston City Council, Dist. E 0	13 OFFICE SOUGHT (if known) Houston City Council, Dist E 0	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	... Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ... Name Address / PO Box; Apt. / Suite #; City; State; Zip Code		

GO TO PAGE 2

Revised 11/05/2003

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

FORM C/OH

Cover Sheet pg 2

15. C/OH NAME Addie Wiseman 16. ACCOUNT # (Ethics Commission filers)

17. NOTICE
FROM
POLITICAL
COMMITTEE(S)

... This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ...

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURE NAME

COMMITTEE CAMPAIGN TREASURE ADDRESS

☐ additional pages18 CONTRIBUTION
TOTALS1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS UNITEMIZED

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 10,702.28

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS UNITEMIZED

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 16,509.71

CONTRIBUTION
BALANCE5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF THE REPORTING PERIOD

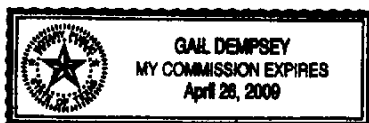
\$ 46,756.23

OUTSTANDING
LOAN TOTALS6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 0.00

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Addie Wiseman

Signature of candidate

AFFIX NOTARY STAMP/SEAL ABOVE

Sworn to and subscribed before me, by the said Addie Wiseman, this the 17 day
of July, 2006, to certify which, witness my hand and seal of office.

Gail Dempsey
Signature of officer administering oath

Gail Dempsey
Print name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC,
SPAC, & SPAC-SS)

The Instruction Guide explains how to complete this form.						1 Total pages Schedule A1 <div style="text-align: center;">4</div>	
2 FILER NAME Addie Wiseman						3 ACCOUNT # (Ethics Commission file)	

4 Date 03/02/2008	5 Full Name of contributor Richard Allen	<input type="checkbox"/> out of state PAC (ID#: _____)	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
	6 Contributor address; City: State: Zip Code <div style="background-color: black; height: 1.2em; width: 100%;"></div>			
9 Principal occupation (See Instructions) President			10 Employer (See Instructions) Space Center Houston	

4 Date 03/02/2008	5 Full Name of contributor Andrews & Kurth L.L.	<input type="checkbox"/> out of state PAC (ID#: _____)	7 Amount of contribution (\$) 1,000.00	8 In-kind contribution description (if applicable)
	6 Contributor address; City: State: Zip Code <div style="background-color: black; height: 1.2em; width: 100%;"></div>			
9 Principal occupation (See Instructions)			10 Employer (See Instructions)	

4 Date 03/02/2008	5 Full Name of contributor Gerald M. Brady	<input type="checkbox"/> out of state PAC (ID#: _____)	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
	6 Contributor address; City: State: Zip Code <div style="background-color: black; height: 1.2em; width: 100%;"></div>			
9 Principal occupation (See Instructions)			10 Employer (See Instructions)	

4 Date 03/02/2008	5 Full Name of contributor Darryl B. Carter	<input type="checkbox"/> out of state PAC (ID#: _____)	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
	6 Contributor address; City: State: Zip Code <div style="background-color: black; height: 1.2em; width: 100%;"></div>			
9 Principal occupation (See Instructions)			10 Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC,
SPAC, & SPAC-SS)

The Instruction Guide explains how to complete this form.				Total pages Schedule A1	
FILER NAME Addie Wiseman				ACCOUNT # (Ethics Commission file)	
Date 03/02/2006	Full Name of contributor CenterPoint Energy PAC Contributor address; [REDACTED] City; State; Zip Code		<input type="checkbox"/> out of state PAC (ID#: Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)	
Principal occupation (See Instructions)			Employer (See Instructions)		
Date 04/19/2006	Full Name of contributor Enterprise Rent-a-Car Contributor address; [REDACTED] City; State; Zip Code		<input type="checkbox"/> out of state PAC (ID#: Amount of contribution (\$) 214.28	In-kind contribution description (if applicable)	
Principal occupation (See Instructions)			Employer (See Instructions)		
Date 03/02/2006	Full Name of contributor H A A Better Government Fund Contributor address; [REDACTED] City; State; Zip Code		<input type="checkbox"/> out of state PAC (ID#: Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)	
Principal occupation (See Instructions)			Employer (See Instructions)		
Date 03/02/2006	Full Name of contributor Hou Con Pac Contributor address; [REDACTED] City; State; Zip Code		<input type="checkbox"/> out of state PAC (ID#: Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)	
Principal occupation (See Instructions)			Employer (See Instructions)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC,
SPAC, & SPAC-SS)

The Instruction Guide explains how to complete this form.				Total pages Schedule A1	
FILER NAME Addie Wiseman				ACCOUNT # (Ethics Commission file)	
Date 03/02/2006	Full Name of contributor Hou Con Pac Contributor address; [REDACTED]		<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Principal occupation (See Instructions)			Employer (See Instructions)		
Date 03/02/2006	Full Name of contributor Houston Galveston Contributor address; [REDACTED]		<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 138.00	In-kind contribution description (if applicable)
Principal occupation (See Instructions)			Employer (See Instructions)		
Date 03/02/2006	Full Name of contributor LAN-PAC Contributor address; [REDACTED]		<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (See Instructions)			Employer (See Instructions)		
Date 03/02/2006	Full Name of contributor Linebarger Goggan Blair & Sampson LLP Contributor address; [REDACTED]		<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Principal occupation (See Instructions)			Employer (See Instructions)		
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.					

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC,
SPAC, & SPAC-SS)

The instruction Guide explains how to complete this form.				Total pages Schedule A1	
FILER NAME Addie Wiseman				ACCOUNT # (Ethics Commission file)	
Date 03/02/2008	Full Name of contributor David F. Martinez Contributor address; City; State; Zip Code		<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Principal occupation (See Instructions)			Employer (See Instructions)		
Date 03/02/2008	Full Name of contributor PHCG Investments Contributor address; City; State; Zip Code		<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (See Instructions)			Employer (See Instructions)		
Date 03/02/2008	Full Name of contributor Reliant Energy PAC Contributor address; City; State; Zip Code		<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Principal occupation (See Instructions)			Employer (See Instructions)		
Date 03/02/2008	Full Name of contributor Varinder P. Singh Contributor address; City; State; Zip Code		<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (See Instructions)			Employer (See Instructions)		
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.					

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC,
SPAC, & SPAC-SS)

The instruction Guide explains how to complete this form.				Total pages Schedule A1	
FILER NAME Addie Wiseman				ACCOUNT # (Ethics Commission files)	
Date 03/02/2006	Full Name of contributor Winstead Sechrest & Minick P.C. PAC <input type="checkbox"/> out of state PAC (ID#: _____) Contributor address; _____ City; _____ State; _____ Zip Code		Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)	
Principal occupation (See Instructions)			Employer (See Instructions)		
Date 03/02/2006	Full Name of contributor Giti Zarinkel <input type="checkbox"/> out of state PAC (ID#: _____) Contributor address; _____ City; _____ State; _____ Zip Code		Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)	
Principal occupation (See Instructions)			Employer (See Instructions)		
Date / /	Full Name of contributor <input type="checkbox"/> out of state PAC (ID#: _____) Contributor address; _____ City; _____ State; _____ Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)	
Principal occupation (See Instructions)			Employer (See Instructions)		
Date / /	Full Name of contributor <input type="checkbox"/> out of state PAC (ID#: _____) Contributor address; _____ City; _____ State; _____ Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)	
Principal occupation (See Instructions)			Employer (See Instructions)		
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.					

POLITICAL EXPENDITURES**SCHEDULE F**

The Instruction Guide explains how to complete this form.			1 Total pages Schedule F: 11
2 FILER NAME Addie Wiseman			3 ACCOUNT # (Ethics Commission filers)
4 Date 05/24/2006	5 Payee name Abbott's Computerized Mailing Service 6 Payee address; City; State; Zip Code 5201 Mitchelldale, # 1310 Houston, TX 77092-	7 Amount (\$) 373.98	
8 Purpose of expenditure (See instructions regarding type of information required.) mailing service		9 ** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name	
4 Date 06/30/2006	5 Payee name Advantage Rent a Car 6 Payee address; City; State; Zip Code 8833 Airport Blvd. Houston, TX 77061-	7 Amount (\$) 880.69	
8 Purpose of expenditure (See instructions regarding type of information required.) travel		9 ** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name	
4 Date 05/30/2006	5 Payee name American Cancer Society 6 Payee address; City; State; Zip Code 6301 Richmond Ave. Houston, TX 77057-	7 Amount (\$) 2,500.00	
8 Purpose of expenditure (See instructions regarding type of information required.) sponsorship		9 ** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name	
4 Date 04/04/2006	5 Payee name Artista 6 Payee address; City; State; Zip Code 800 Bagby Houston, TX 77002-	7 Amount (\$) 31.82	
8 Purpose of expenditure (See instructions regarding type of information required.) meals		9 ** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name	
4 Date 04/13/2006	5 Payee name Artista 6 Payee address; City; State; Zip Code 800 Bagby Houston, TX 77002-	7 Amount (\$) 31.98	
8 Purpose of expenditure (See instructions regarding type of information required.) travel		9 ** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name	
4 Date 04/01/2006	5 Payee name Bay Area Republican Women PAC 6 Payee address; City; State; Zip Code 1314 Sprint Crest Lane Lillian Keeney Seabrook, TX 77586-	7 Amount (\$) 350.00	
8 Purpose of expenditure (See instructions regarding type of information required.) sponsorship		9 ** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED			

POLITICAL EXPENDITURES**SCHEDULE F**

The Instruction Guide explains how to complete this form.				Total pages Schedule F:	
FILER NAME Addie Wiseman				ACCOUNT # (Ethics Commission files)	
Date 04/12/2006	Payee name Bay Area Republican Women PAC Payee address; City; State; Zip Code 1314 Sprint Crest Lane Lillian Keeney Seabrook, TX 77586-			Amount (\$) 15.00	
Purpose of expenditure (See instructions regarding type of information required.) membership			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought		
Date 02/03/2006	Payee name Big Lots Payee address; City; State; Zip Code 8210 Kirby Drive Houston, TX 77054-			Amount (\$) 25.85	
Purpose of expenditure (See instructions regarding type of information required.) supplies			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought		
Date 02/02/2006	Payee name Central Parking Services Payee address; City; State; Zip Code 600 Jefferson Houston, TX 77002-			Amount (\$) 166.00	
Purpose of expenditure (See instructions regarding type of information required.) storage			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought		
Date 03/02/2006	Payee name Central Parking Services Payee address; City; State; Zip Code 600 Jefferson Houston, TX 77002-			Amount (\$) 166.00	
Purpose of expenditure (See instructions regarding type of information required.) storage			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought		
Date 04/03/2006	Payee name Central Parking Services Payee address; City; State; Zip Code 600 Jefferson Houston, TX 77002-			Amount (\$) 166.00	
Purpose of expenditure (See instructions regarding type of information required.) storage			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought		
Date 01/03/2006	Payee name Central Self Storage Payee address; City; State; Zip Code 560 Kingwood Drive Kingwood, TX 77339-			Amount (\$) 166.00	
Purpose of expenditure (See instructions regarding type of information required.) storage			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought		
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED					

POLITICAL EXPENDITURES**SCHEDULE F**

The Instruction Guide explains how to complete this form.		Total pages Schedule F:
FILER NAME Addie Wiseman		ACCOUNT # (Ethics Commission filers)
Date 05/02/2006	Payee name Central Self Storage Payee address; City; State; Zip Code 560 Kingwood Drive Kingwood, TX 77339-	Amount (\$) 166.00
Purpose of expenditure (See instructions regarding type of information required.) storage		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 06/02/2006	Payee name Central Self Storage Payee address; City; State; Zip Code 560 Kingwood Drive Kingwood, TX 77339-	Amount (\$) 166.00
Purpose of expenditure (See instructions regarding type of information required.) storage		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 03/06/2006	Payee name Clear Lake Area Chamber of Commerce Payee address; City; State; Zip Code 1201 E. Nasa Rd 1 Webster, TX 77598-	Amount (\$) 75.00
Purpose of expenditure (See instructions regarding type of information required.) luncheon		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 04/12/2006	Payee name Clear Lake Area Chamber of Commerce Payee address; City; State; Zip Code 1201 E. Nasa Rd 1 Webster, TX 77598-	Amount (\$) 150.00
Purpose of expenditure (See instructions regarding type of information required.) sponsorship		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 04/12/2006	Payee name Clear Lake ISD Foundation Payee address; City; State; Zip Code 2425 East Main Street League City, TX 77573-	Amount (\$) 280.00
Purpose of expenditure (See instructions regarding type of information required.) sponsorship		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 04/05/2006	Payee name Continental Airlines Payee address; City; State; Zip Code P.O. Box 1394 Houston, TX 77257-	Amount (\$) 347.10
Purpose of expenditure (See instructions regarding type of information required.) travel		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
<p align="center">ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p>		

POLITICAL EXPENDITURES**SCHEDULE F**

The Instruction Guide explains how to complete this form.				Total pages Schedule F:	
FILER NAME Addie Wiseman				ACCOUNT # (Ethics Commission filers)	
Date 04/06/2006	Payee name Continental Airlines Payee address; City; State; Zip Code P.O. Box 1394 Houston, TX 77257-			Amount (\$) 10.00	
Purpose of expenditure (See instructions regarding type of information required.) travel			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought		
Date 04/12/2006	Payee name Continental Airlines Payee address; City; State; Zip Code P.O. Box 1394 Houston, TX 77257-			Amount (\$) 174.10	
Purpose of expenditure (See instructions regarding type of information required.) travel			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought		
Date 04/13/2006	Payee name Continental Airlines Payee address; City; State; Zip Code P.O. Box 1394 Houston, TX 77257-			Amount (\$) 10.00	
Purpose of expenditure (See instructions regarding type of information required.) travel			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought		
Date 05/01/2006	Payee name Cookies in Bloom Payee address; City; State; Zip Code 5184 Buffalo Speedway Houston, TX 77005-			Amount (\$) 40.00	
Purpose of expenditure (See instructions regarding type of information required.) catering			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought		
Date 02/07/2006	Payee name Doneraki Payee address; City; State; Zip Code 2836 Fulton Houston, TX 77009-			Amount (\$) 190.31	
Purpose of expenditure (See instructions regarding type of information required.) meals			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought		
Date 05/01/2006	Payee name Doneraki Payee address; City; State; Zip Code 2836 Fulton Houston, TX 77009-			Amount (\$) 71.22	
Purpose of expenditure (See instructions regarding type of information required.) catering			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought		
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED					

POLITICAL EXPENDITURES**SCHEDULE F**

The Instruction Guide explains how to complete this form.		Total pages Schedule F:
FILER NAME Addie Wiseman		ACCOUNT # (Ethics Commission filers)
Date 04/02/2006	Payee name Dr. Marty Rose Foundation-Run for Rose Payee address; City; State; Zip Code 5090 Richmond Ave. PMB 291 Houston, TX 77056-	Amount (\$) 250.00
Purpose of expenditure (See instructions regarding type of information required.) donation		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 04/18/2006	Payee name Enterprise Rent-a-Car Payee address; City; State; Zip Code 6905 S. I-35 Austin, TX 78744-	Amount (\$) 300.00
Purpose of expenditure (See instructions regarding type of information required.) travel		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 03/06/2006	Payee name Flowers by Georgia Payee address; City; State; Zip Code 1818 Waugh Drive Houston, TX 77006-1129	Amount (\$) 58.40
Purpose of expenditure (See instructions regarding type of information required.) flowers		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 04/12/2006	Payee name Flowers by Georgia Payee address; City; State; Zip Code 1818 Waugh Drive Houston, TX 77006-1129	Amount (\$) 71.38
Purpose of expenditure (See instructions regarding type of information required.) flowers		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 05/24/2006	Payee name Flowers by Georgia Payee address; City; State; Zip Code 1818 Waugh Drive Houston, TX 77006-1129	Amount (\$) 111.39
Purpose of expenditure (See instructions regarding type of information required.) flowers		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 04/12/2006	Payee name Guidry News Payee address; City; State; Zip Code 926 Broadway Street Galveston, TX 77550-	Amount (\$) 300.00
Purpose of expenditure (See instructions regarding type of information required.) subscription		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
<p align="center">ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p>		

POLITICAL EXPENDITURES**SCHEDULE F**

The Instruction Guide explains how to complete this form.		Total pages Schedule F:
FILER NAME Addie Wiseman		ACCOUNT # (Ethics Commission filers)
Date 02/28/2006	Payee name Harris County Republican Party Payee address; City; State; Zip Code 3311 Richmond Ste 218 Houston, TX 77098-	Amount (\$) 1,000.00
Purpose of expenditure (See instructions regarding type of information required.) membership		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 04/12/2006	Payee name Harris Cty Mayors Co Payee address; City; State; Zip Code 1415 E. Main Street La Porte, TX 77571-1562	Amount (\$) 30.00
Purpose of expenditure (See instructions regarding type of information required.) dinner		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 05/24/2006	Payee name Heritage Center Payee address; City; State; Zip Code 2825 W Town Center Circle Michael A. Fuhre Humble, TX 77325-	Amount (\$) 180.00
Purpose of expenditure (See instructions regarding type of information required.) room rental		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 04/19/2006	Payee name Hobby Airport Payee address; City; State; Zip Code Airport Blvd. Houston, TX 77061-	Amount (\$) 13.00
Purpose of expenditure (See instructions regarding type of information required.) travel		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 03/06/2006	Payee name Houston Area Pastor's Council Payee address; City; State; Zip Code P.O. Box 2606 Houston, TX 77252-	Amount (\$) 35.00
Purpose of expenditure (See instructions regarding type of information required.) luncheon		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 02/03/2006	Payee name Houston Livestock Show & Rodeo Payee address; City; State; Zip Code PO Box 20070 Houston, TX 77225-	Amount (\$) 50.00
Purpose of expenditure (See instructions regarding type of information required.) ad		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES**SCHEDULE F**

The Instruction Guide explains how to complete this form.		Total pages Schedule F:
FILER NAME Addie Wiseman		ACCOUNT # (Ethics Commission filers)
Date 02/23/2006	Payee name Houston Livestock Show & Rodeo Payee address; City; State; Zip Code PO Box 20070 Houston, TX 77225-	Amount (\$) 350.00
Purpose of expenditure (See instructions regarding type of information required.) membership		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 04/12/2006	Payee name Houston Professional Republican Women Payee address; City; State; Zip Code 803 Birchview Court Pearland, TX 77584-	Amount (\$) 15.00
Purpose of expenditure (See instructions regarding type of information required.) membership		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 04/24/2006	Payee name Hyatt Grand at Washington Payee address; City; State; Zip Code 1000 H Street N.W. Washington, DC 20001-	Amount (\$) 1,370.57
Purpose of expenditure (See instructions regarding type of information required.) lodging		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 05/22/2006	Payee name Hyatt Grand at Washington Payee address; City; State; Zip Code 1000 H Street N.W. Washington, DC 20001-	Amount (\$) 78.04
Purpose of expenditure (See instructions regarding type of information required.) travel		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 05/22/2006	Payee name Hyatt Grand at Washington Payee address; City; State; Zip Code 1000 H Street N.W. Washington, DC 20001-	Amount (\$) 23.10
Purpose of expenditure (See instructions regarding type of information required.) travel		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 05/22/2006	Payee name I.A.H. Parking Payee address; City; State; Zip Code 7007 Will Clayton Parkway Humble, TX 77338-	Amount (\$) 52.00
Purpose of expenditure (See instructions regarding type of information required.) travel		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
<p align="center">ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p>		

POLITICAL EXPENDITURES**SCHEDULE F**

The Instruction Guide explains how to complete this form.				Total pages Schedule F:	
FILER NAME Addie Wiseman				ACCOUNT # (Ethics Commission filers)	
Date 05/10/2006	Payee name Irma's Payee address; City; State; Zip Code 1314 Texas Houston, TX 77002-			Amount (\$) 55.50	
Purpose of expenditure (See instructions regarding type of information required.) catering			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought		
Date 02/15/2006	Payee name Kingwood Area Republican Women Payee address; City; State; Zip Code P.O. Box 5906 Halene Crossman Humble, TX 77325-			Amount (\$) 25.00	
Purpose of expenditure (See instructions regarding type of information required.) membership			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought		
Date 02/15/2006	Payee name Kingwood Area Republican Women Payee address; City; State; Zip Code P.O. Box 5906 Halene Crossman Humble, TX 77325-			Amount (\$) 1,000.00	
Purpose of expenditure (See instructions regarding type of information required.) sponsorship			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought		
Date 02/03/2006	Payee name Kiwanis Club of Kingwood Payee address; City; State; Zip Code PO Box 5502 Humble, TX 77325-			Amount (\$) 200.00	
Purpose of expenditure (See instructions regarding type of information required.) dues			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought		
Date 04/12/2006	Payee name Kiwanis Club of Kingwood Payee address; City; State; Zip Code PO Box 5502 Humble, TX 77325-			Amount (\$) 100.00	
Purpose of expenditure (See instructions regarding type of information required.) dues			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought		
Date 05/24/2006	Payee name Kiwanis Club of Kingwood Payee address; City; State; Zip Code PO Box 5502 Humble, TX 77325-			Amount (\$) 18.00	
Purpose of expenditure (See instructions regarding type of information required.) meal			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought		
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED					

POLITICAL EXPENDITURES**SCHEDULE F**

The Instruction Guide explains how to complete this form.		Total pages Schedule F:
FILER NAME Addie Wiseman		ACCOUNT # (Ethics Commission filers)
Date 03/06/2006	Payee name Kingwood Project Graduation Payee address; City; State; Zip Code P.O. Box 5675 Humble, TX 77325-	Amount (\$) 250.00
Purpose of expenditure (See instructions regarding type of information required.) donation		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 04/12/2006	Payee name Majic Circle Republican Women Payee address; City; State; Zip Code 2337 Vonderwood Houston, TX 77030-	Amount (\$) 100.00
Purpose of expenditure (See instructions regarding type of information required.) ad		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 06/02/2006	Payee name Marriott Riverwalk Payee address; City; State; Zip Code 101 Bowie San Antonio, TX 78201-	Amount (\$) 805.58
Purpose of expenditure (See instructions regarding type of information required.) travel		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 06/06/2006	Payee name Marriott Riverwalk Payee address; City; State; Zip Code 101 Bowie San Antonio, TX 78201-	Amount (\$) 268.54
Purpose of expenditure (See instructions regarding type of information required.) travel		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 06/12/2006	Payee name McDonalds Payee address; City; State; Zip Code Kingwood Drive Humble, TX 77339-	Amount (\$) 4.75
Purpose of expenditure (See instructions regarding type of information required.) meals		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 05/24/2006	Payee name Office Depot Payee address; City; State; Zip Code U.S. Hwy. 59 North Humble, TX 77339-	Amount (\$) 55.19
Purpose of expenditure (See instructions regarding type of information required.) supplies		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
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POLITICAL EXPENDITURES**SCHEDULE F**

The Instruction Guide explains how to complete this form.		Total pages Schedule F:
FILER NAME Addie Wiseman		ACCOUNT # (Ethics Commission filers)
Date 03/31/2006	Payee name Postmaster Payee address; City; State; Zip Code U.S. Postmaster Houston, TX 77002-	Amount (\$) 180.00
Purpose of expenditure (See instructions regarding type of information required.) postage		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 03/06/2006	Payee name Republican National Hispanic Assembly TX Payee address; City; State; Zip Code 3401 Louisiana Street Suite 460 Houston, TX 77002-	Amount (\$) 125.00
Purpose of expenditure (See instructions regarding type of information required.) banquet		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 06/05/2006	Payee name Restorante Luciano Payee address; City; State; Zip Code 7400 San Pedro San Antonio, TX 78216-	Amount (\$) 219.00
Purpose of expenditure (See instructions regarding type of information required.) meals		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 05/24/2006	Payee name Sams Wholesale Payee address; City; State; Zip Code 13600 East Frwy Houston, TX 77015-	Amount (\$) 58.28
Purpose of expenditure (See instructions regarding type of information required.) supplies		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 04/26/2006	Payee name Southbelt Ellington Leader Payee address; City; State; Zip Code 11555 Beamer Rd., Ste. 100 Houston, TX 77089-	Amount (\$) 587.50
Purpose of expenditure (See instructions regarding type of information required.) ad		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 04/17/2006	Payee name Southwest Airlines Payee address; City; State; Zip Code 4005 Airport Blvd. Austin, TX 78722-	Amount (\$) 234.10
Purpose of expenditure (See instructions regarding type of information required.) travel		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
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POLITICAL EXPENDITURES**SCHEDULE F**

The Instruction Guide explains how to complete this form.				Total pages Schedule F:	
FILER NAME Addie Wiseman				ACCOUNT # (Ethics Commission filers)	
Date 04/17/2006	Payee name Southwest Airlines Payee address; City; State; Zip Code 4005 Airport Blvd. Austin, TX 78722-			Amount (\$) 234.10	
Purpose of expenditure (See instructions regarding type of information required.) travel			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name		
Date 05/24/2006	Payee name St. Martha's Catholic Church Payee address; City; State; Zip Code 2411 Oak Shores Humble, TX 77339-			Amount (\$) 125.00	
Purpose of expenditure (See instructions regarding type of information required.) sponsorship			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name		
Date 04/12/2006	Payee name Sweet Treat Payee address; City; State; Zip Code One Allen Center 500 Dallas, Suite T-5 Houston, TX 77002-			Amount (\$) 86.80	
Purpose of expenditure (See instructions regarding type of information required.) catering			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name		
Date 06/23/2006	Payee name Texas Land & Cattle Payee address; City; State; Zip Code 11900 Dickinson Houston, TX 77089-			Amount (\$) 54.77	
Purpose of expenditure (See instructions regarding type of information required.) catering			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name		
Date 06/13/2006	Payee name UPS Store Payee address; City; State; Zip Code 6900 San Pedro San Antonio, TX 78216-			Amount (\$) 23.79	
Purpose of expenditure (See instructions regarding type of information required.) supplies			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name		
Date 06/21/2006	Payee name Westin Riverwalk Payee address; City; State; Zip Code 420 W. Market Street San Antonio, TX 78205-			Amount (\$) 857.88	
Purpose of expenditure (See instructions regarding type of information required.) travel			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name		
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